

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

2008 OCT 20 PM 4:29

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Elect Greg Forristall

IMPORTANT: Indicate by # type of committee you are reporting for: 1

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name
Greg Forristall

Political Party (if applicable)
Republican

Office Sought
Representative

District (if Senate or House)
98

FORM DR-2 (Rev. 07/2007)	DISCLOSURE REPORT
For Office Use Only	
Comm. # <u>1680</u>	
Logged In <u>5</u>	
Scanned	
Computer	
Audited	
<u>7 pages</u>	

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Greg Forristall
SIGNATURE OF PERSON FILING REPORT

712 486-2271
TELEPHONE10-20-08
DATE SIGNEDI AM FILING A Oct 20 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

(report date)

Indicate by # 1☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in
which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the
committee. This amount MUST be the same as the cash on hand at the end
of the last reporting period or must be zero if this is first report filed.)

\$ 1,311.10

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (**also see in-kind below)

6,825.00

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

8,136.10

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

2,600.00

Schedule F: Loan Repayments total (Attach Schedule F)

600.00

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

4,936.10

**UNPAID BILLS (From Schedule D - Attach Schedule D)

1,012.00

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES ☒ NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONEY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Elect Greg Forristall

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
6/8/08	ID# CK# 4389	Jean B Goos 29 E Main St PO Box 266 Treyner, IA 51575	Mother-in-law	\$150	<input type="checkbox"/>
7/23/08	ID# 6155 CK# 4593	Iowans for Tax Relief PO Box 209 Muscatine, IA 52761-0069		500	<input type="checkbox"/>
8/1/08	ID# 6116 CK# 1709	Iowa Nebraska Farm Equipment Dealers 1311 50th St West Des Moines, IA 50265-0480		100	<input type="checkbox"/>
8/16/08	ID# 6004 CK# 4742	Associated General Contractors of IA PAC 701 E Court Ave Des Moines, IA 50309-4941		1500	<input type="checkbox"/>
9/3/08	ID# CK# 93655	Sac and Fox Tribe 349 Meskwaki Rd Tama, IA 52339-9634		500	<input type="checkbox"/>
08/13/08	ID# CK#	Iowa Med PAC 1001 Grand Ave West Des Moines, IA 50265		125	<input type="checkbox"/>
8/13/08	ID# 6059 CK#	Auto Retailers PAC 1111 Office Park Rd West Des Moines, IA 50265		200	<input type="checkbox"/>
9/08/08	ID# CK# 2822	Marjorie Askew 203 Antioch Dr. Council Bluffs, IA 51503		50	<input type="checkbox"/>
9/18/08	ID# 6056 CK# 3755	Bankers Unite in Legislative Decisions 8800 NW 62nd Ave Urbandale, IA 50131-6200		500	<input type="checkbox"/>
9/20/08	ID# 6064 CK# 2216	Iowa Friends of Rural Electrification 8525 Douglas Ave, STE 48 Des Moines, IA 50322		200	<input type="checkbox"/>

SUB-TOTAL

\$ 3825

TOTAL (if last page of this schedule)

\$

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Page 1 of 3
(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONEY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Elect Greg Forristall

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10/1/08	ID# 6498 CK# 1861	WellPac 636 Grand Ave, Station 13 Des Moines, IA 50309		\$200	<input type="checkbox"/>
10/1/08	ID# CK# 1379	Black Hills Corp PAC PO Box 1400 Rapid City, SD 57709		200	<input type="checkbox"/>
10/2/08	ID# 6234 CK# 1033	IFBF PAC 5400 University West Des Moines, IA 50266		100	<input type="checkbox"/>
10/4/08	ID# 6323 CK# 3224	Master Builders of Iowa PAC 221 Park St PO Box 695 Des Moines, IA 50306		500	<input type="checkbox"/>
10/6/08	ID# 6146 CK# 1771	Homebuilders Association PAC 4201 Westown Parkway, STE 25 West Des Moines, IA 50266-6720		100	<input type="checkbox"/>
10/7/08	ID# 6042 CK# 1423	Grocers PAC 2540 106th St, STE 102 Des Moines, IA 50322		100	<input type="checkbox"/>
10/7/08	ID# 6282 CK# 1780	Hy-Vee, Inc. Employees PAC 5820 Westown Parkway West Des Moines, IA 50266-8223		100	<input type="checkbox"/>
10/10/08	ID# 6082 CK#	MidAmerica Energy Co Effective Gov Com. 666 Grand Ave PO Box 657 Des Moines, IA 50303-0657		200	<input type="checkbox"/>
10/10/08	ID# 6155 CK# 4686	Iowans for Tax Relief PAC PO Box 209 Muscatine, IA 52761-0069		500	<input type="checkbox"/>
10/8/08	ID# CK# 10587	BNSF RAILPAC FEC235739 PO Box 961039 Fort Worth, TX 76161-0039		250	<input type="checkbox"/>

SUB-TOTAL

\$ 2250

TOTAL (if last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Elect Greg Forristall

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
10/13/08	ID# CK# 1211	Pottawattomie County Republicans PO Box 1572 Council Bluffs, IA 51502		\$600	<input type="checkbox"/>
10/13/08	ID# 6058 CK# 4373	Iowa Chiropractic Society PAC 1605 N Ankeny Blvd, Ste 100 Ankeny, IA 50063		100	<input type="checkbox"/>
10/16/08	ID# CK# 6707	Daniel Hagen 1920 Rue St, Ste 11 Council Bluffs, IA 51503		50	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 750

TOTAL (if last page of this schedule)

\$ 6825

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(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Elect Greg Forristall

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
8/15/08	ID# CK# 1122	Pottawattamie Republicans PO Box 1572 Council Bluffs, IA 51502	Contribution	\$ 500
9/23/08	ID# CK# 1123	House Majority Fund 621 E 9th St. Des Moines, IA 50309	Contribution	2000
10/02/08	ID# CK# 1087	Iowa Assn of Mortgage Brokers 4949 Westown Parkway West Des Moines, IA 50266	refund contribution	100
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 2600
TOTAL (If last page of this schedule)				\$ 2600

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 1 of 1

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Elect Greg Forristall

Reset Form

SCHEDULE

E

(Rev. 06/97)

IN-KIND

CONTRIBUTIONS

☐ CHECK THIS BOX IF
AMENDING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
5/20-10/16 2	Greg Forristall 11917 370th St Macedonia, IA 51549	Self	2024 miles @ .50/mile	\$ 1,012.00	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$ 1,012.00	
TOTAL (If last page of this schedule)				\$ 1,012.00	

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

 Page 1 of 1
(for Schedule E)

FOR INSTRUCTIONS, SEE BACK OF FORM

RESET**COMMITTEE NAME**(Must be same as on Statement of Organization)

Committee to Elect Greg Forristall

SCHEDULE

F

(Rev. 02/08)

**LOANS
RECEIVED
& REPAY**☐ **CHECK THIS BOX IF
AMENDING FORM****NOTE:** This schedule reports money loaned to the committee which is deposited in the committee account.**TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$** 600**PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD**

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
			\$

TOTAL (PART I) \$**PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD**

(Loans forgiven must be reported on Schedule E - In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAYED
10/4/08	Greg Forristall 11917 370th St Macedonia, IA 51549	self	\$ 600

TOTAL CASH REPAYMENTS (PART II) \$ 600

From Schedule E - TOTAL LOANS FORGIVEN \$

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 0

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Page 1 of 1
(for Schedule F)